

DIAGNOSTIC D0100-D0999

D0120	Periodic oral evaluation	\$
D0140	Limited oral evaluation-problem focused	\$
D0150	Comprehensive oral evaluation - new or established patient	\$
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$
D0170	Re-evaluation-limited, problem focused (established patient; not post-operative) visit	\$
D0210	Intraoral-complete series (including bitewings)	\$
D0220	Intraoral-periapical first film	\$
D0230	Intraoral-periapical each additional film	\$
D0240	Intraoral-occlusal film	\$
D0250	Extraoral-first film	\$
D0260	Extraoral-each additional film	\$
D0270	Bitewing-single film	\$
D0272	Bitewings-two films	\$
D0273	Bitewings-three films	\$
D0274	Bitewings-four films	\$
D0290	Posterior-anterior or lateral skull and facial bone survey film	\$
D0310	Sialography	\$
D0320	Temporomandibular joint arthrogram, including injection	\$
D0321	Other temporomandibular joint films, by report	\$
D0330	Panoramic film	\$
D0340	Cephalometric film	\$
D0350	Oral/facial photographic images	\$
D0360	Cone beam CT	\$
D0362	Cone beam CT-two-dimensional	\$
D0363	Cone beam CT-three-dimensional	\$
D0460	Pulp vitality tests	\$
D0470	Diagnostic casts	\$
D0472	Accession of tissue, gross examination	\$
D0473	Accession of tissue, gross and microscopic examination	\$
D0474	Accession of tissue, assessment of surgical margins	\$
D0475	Decalcification procedure	\$
D0476	Special stains for microorganisms	\$
D0477	Special stains not for microorganisms	\$
D0478	Immunohistochemical stains	\$
D0480	Accession of exfoliative cytological smears	\$
D0481	Electron microscopy	\$
D0483	Indirect immunofluorescence	\$
D0484	Consultation on slides prepared elsewhere	\$
D0485	Consultation, including preparation of slides from biopsy material from referring source	\$
D0486	Accession of transepithelial cytologic sample	\$

D0502	Other oral pathology procedures, by report	\$
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PREVENTIVE D1000-D1999

D1310	Nutritional counseling for the control of dental disease	\$
D1320	Tobacco counseling for the control and prevention of oral disease	\$

RESTORATIVE D2000-D2999

D2940	Protective restoration	\$
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ENDODONTICS D3000-D3999

D3220	Therapeutic pulpotomy (excluding final restoration)	\$
D3222	Partial pulpotomy for apexogenesis - permanent tooth	\$
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$
D3310	Endodontic therapy - anterior (excluding final restoration)	\$
D3320	Endodontic therapy - bicuspid (excluding final restoration)	\$
D3330	Endodontic therapy - molar (excluding final restoration)	\$
D3346	Retreatment of previous root canal therapy - anterior	\$
D3347	Retreatment of previous root canal therapy - bicuspid	\$
D3348	Retreatment of previous root canal therapy - molar	\$
D3351	Apexification/recalcification/pulpal regeneration - initial visit	\$
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	\$
D3353	Apexification/recalcification-final visit	\$
D3410	Apicoectomy/periradicular surgery-anterior	\$
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	\$
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$
D3426	Apicoectomy/periradicular surgery (each additional root)	\$
D3430	Retrograde filling-per root	\$
D3450	Root amputation-per root	\$
D3920	Hemisection (including any root removal), not including root canal therapy	\$

PERIODONTICS D4000-D4999

D4210	Gingivectomy or gingivoplasty-four or more teeth per quadrant	\$
D4211	Gingivectomy or gingivoplasty-one to three teeth per quadrant	\$

D4230	Anatomical crown exposure, four or more teeth per quadrant	\$	D7140	Extraction, erupted tooth or exposed root	\$
D4231	Anatomical crown exposure, one to three teeth per quadrant	\$	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$
D4240	Gingival flap procedure, including root planing-four or more teeth per quadrant	\$	D7220	Removal of impacted tooth-soft tissue	\$
D4241	Gingival flap procedure, including root planing-one to three teeth per quadrant	\$	D7230	Removal of impacted tooth-partially bony	\$
D4245	Apically positioned flap	\$	D7240	Removal of impacted tooth-completely bony	\$
D4260	Osseous surgery (including flap entry and closure) four or more teeth per quadrant	\$	D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	\$
D4261	Osseous surgery (including flap entry and closure) one to three teeth, per quadrant	\$	D7250	Surgical removal of residual tooth roots (cutting procedure)	\$
D4263	Bone replacement graft-first site in quadrant	\$	D7251	Coronectomy-intentional partial tooth removal	\$
D4264	Bone replacement graft-each additional site in quadrant	\$	D7260	Oroantral fistula closure	\$
D4270	Pedicle soft tissue graft procedure	\$	D7261	Primary closure of a sinus perforation	\$
D4271	Free soft tissue graft procedure (including donor site surgery)	\$	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$
D4273	Subepithelial connective tissue graft procedures, per tooth	\$	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$
D4274	Distal or proximal wedge procedure (not in conjunction with surgical procedures in the same anatomical area)	\$	D7280	Surgical access of unerupted tooth	\$
D4320	Provisional splinting-intracoronar	\$	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$
D4321	Provisional splinting-extracoronar	\$	D7283	Placement of device to facilitate eruption of impacted tooth	\$
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$	D7285	Biopsy of oral tissue-hard	\$
			D7286	Biopsy of oral tissue-soft	\$
			D7287	Exfoliative cytology sample collection	\$
			D7288	Brush biopsy - transepithelial sample collection	\$
PROSTHODONTICS, REMOVABLE D5000-D5899					
D5850	Tissue conditioning, maxillary	\$	D7290	Surgical repositioning of teeth	\$
D5851	Tissue conditioning, mandibular	\$	D7291	Transseptal fiberotomy, by report	\$
MAXILLOFACIAL PROSTHETICS D5900-D5999					
D5982	Surgical stent	\$	D7292	Surgical placement: temporary anchorage device, screw retained	\$
D5986	Fluoride gel carrier	\$	D7293	Surgical placement: temporary anchorage device	\$
IMPLANT SERVICES D6000-D6199					
D6010	Surgical placement of implant body: endosteal implant	\$	D7294	Surgical placement: temporary anchorage device without surgical flap	\$
D6012	Surgical placement of interim implant body	\$	D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quadrant	\$
D6040	Surgical placement: eposteal implant	\$	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$
D6050	Surgical placement: transosteal implant	\$			
D6100	Implant removal, by report	\$			
D6190	Radiographic/surgical implant index	\$			
ORAL & MAXILLOFACIAL SURGERY D7000-D7999					
D7111	Extraction, coronal remnants, deciduous tooth	\$			

D7320	Alveoloplasty not in conjunction with extractions - four or more teeth per quadrant	\$	D7810	Open reduction of dislocation	\$
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth per quadrant	\$	D7820	Closed reduction of dislocation	\$
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	\$	D7830	Manipulation under anesthesia	\$
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$	D7840	Condylectomy	\$
D7410	Excision of benign lesion up to 1.25 cm	\$	D7850	Surgical discectomy, with/without implant	\$
D7411	Excision of benign lesion greater than 1.25 cm	\$	D7854	Synovectomy	\$
D7412	Excision of benign lesion, complicated	\$	D7871	Non-arthroscopic lysis and lavage	\$
D7413	Excision of malignant lesion up to 1.25 cm	\$	D7872	Arthroscopy-diagnosis, with or without biopsy	\$
D7414	Excision of malignant lesion greater than 1.25 cm	\$	D7873	Arthroscopy-surgical: lavage and lysis of adhesions	\$
D7415	Excision of malignant lesion, complicated	\$	D7874	Arthroscopy-surgical: disc repositioning and stabilization	\$
D7440	Excision of malignant tumor up to 1.25 cm	\$	D7875	Arthroscopy-surgical: synovectomy	\$
D7441	Excision of malignant tumor greater than 1.25 cm	\$	D7876	Arthroscopy-surgical: discectomy	\$
D7450	Removal of odontogenic cyst or tumor up to 1.25 cm	\$	D7877	Arthroscopy-surgical: debridement	\$
D7451	Removal of odontogenic cyst or tumor greater than 1.25 cm	\$	D7880	Occlusal orthotic device, by report	\$
D7460	Removal of nonodontogenic cyst or tumor up to 1.25 cm	\$	D7910	Suture of recent small wounds up to 5 cm	\$
D7461	Removal of nonodontogenic cyst or tumor greater than 1.25 cm	\$	D7911	Complicated suture up to 5 cm	\$
D7471	Removal of lateral exostosis	\$	D7912	Complicated suture greater than 5 cm	\$
D7472	Removal of torus palatinus	\$	D7920	Skin graft (identify defect covered, location and type of graft)	\$
D7473	Removal of torus mandibularis	\$	D7940	Osteoplasty-for orthognathic deformities	\$
D7485	Surgical reduction of osseous tuberosity	\$	D7941	Osteotomy-mandibular rami	\$
D7510	Incision and drainage of abscess-intraoral soft tissue	\$	D7943	Osteotomy-mandibular rami with bone graft	\$
D7511	Incision and drainage of abscess-intraoral soft tissue - complicated	\$	D7951	Sinus augmentation with bone or bone substitutes	\$
D7520	Incision and drainage of abscess-extraoral soft tissue	\$	D7953	Bone replacement graft for ridge preservation - per site	\$
D7521	Incision and drainage of abscess-extraoral soft tissue - complicated	\$	D7955	Repair of maxillofacial soft and hard tissue defect	\$
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$	D7960	Frenulectomy - also known as frenectomy or frenotomy-separate procedure not incidental to another	\$
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$	D7963	Frenuloplasty	\$
D7550	Partial ostectomy/sequestrectomy	\$	D7970	Excision of hyperplastic tissue-per arch	\$
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$	D7971	Excision of pericoronal gingiva	\$
			D7972	Surgical reduction of fibrous tuberosity	\$
			D7980	Sialolithotomy	\$
			D7983	Closure of salivary fistula	\$
			D7997	Appliance removal (not by dentist placing appliance)	\$
			D7998	Placement of fixation device not in conjunction with a fracture	\$
			ADJUNCTIVE GENERAL SERVICES D9000-D9999		
			D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$
			D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$

D9220	Deep sedation/general anesthesia- first 30 minutes	\$	D9440	Office visit-after regularly scheduled hours	\$
D9221	Deep sedation/general anesthesia- each additional 15 minutes	\$	D9450	Case presentation	\$
D9230	Inhalation of nitrous oxide/ analgesia, anxiolysis	\$	D9610	Therapeutic parenteral drug, single administration	\$
D9241	Intravenous sedation/analgesia- first 30 minutes	\$	D9612	Therapeutic parenteral drug, two or more administrations	\$
D9242	Intravenous sedation/analgesia- each additional 15 minutes	\$	D9920	Behavior management, by report	\$
D9248	Non-intravenous conscious sedation	\$	D9930	Treatment of complications (post-surgical) -unusual circumstances, by report	\$
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$			
D9420	Hospital or ambulatory surgical center call	\$			
D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	\$			

CURRENT ADA CODES FOR PROCEDURES PERFORMED BUT NOT LISTED

Code	Description	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

NORTHEAST DELTA DENTAL FEE SURVEY POLICY

Do not list a range of fees when completing the fee survey; **list only one fee**. The fee listed should be your usual fee charged to all your patients. It should **not** be the highest fee you might charge for that particular procedure. If you should charge a Northeast Delta Dental patient a higher fee than filed, due to special circumstances, individual consideration must be requested.

It is not necessary to complete the entire form unless all fees are being changed. You need only fill in those fees that are being updated. For all procedures left blank, Northeast Delta Dental will continue to use your last filed fee as your usual fee for that procedure. **DO NOT** leave any procedures blank unless your last fee on file represents your current fee.

If you no longer perform a procedure for which you have previously filed a fee, and you no longer wish that fee to remain on file, please mark **"DELETE"** on the fee survey for that procedure.

Current Dental Terminology CDT-2011/2012 Compiled and Edited by the American Dental Association's Council on Dental Benefit Programs.

NOTE: The procedures listed are not necessarily covered benefits for all Northeast Delta Dental patients. Please contact our Customer Service department or call Northeast Delta Dental's automated information system, DentalLink, for benefit information. Predetermination is also strongly recommended. Thank you.